

BernCo Relief of Emergency Needs for Tenants Assistance Program (RENT) Program

Assistance Program

The BernCo Relief of Emergency Needs for Tenants (RENT) Assistance Program provides one-time emergency rental and utility assistance to Bernalillo County households experiencing financial hardship as a result of the COVID-19 crisis.

All applications will be reviewed on a first come, first served basis.

Eligibility criteria for **BOTH** Tenant **AND** Landlord are outlined in the two sets of criteria below. Before proceeding, it is recommended that both parties discuss and agree that they are both willing and able to proceed and that both will complete the online application, provide all required items, and abide by all required terms.

Amount of Rental Assistance

Funds from this program will be applied towards past rent and certain utilities starting April 2020 and through September 2025, rental and utility assistance payments. Rental payments will be processed with all past due rent plus 3 future months. Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

NOTE: Funds for this Emergency Rental Assistance program do not include Mortgage Relief Payments.

Eligibility Requirements

To be eligible to participate in the BernCo RENT Assistance program, applicants must meet the following conditions:

Rental Assistance

- Grants are strictly limited to qualified tenants residing at rental properties physically located outside of both Tribal Lands, and the City of Albuquerque limits, but within Bernalillo County.
- One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability.
- The household income must be at or below 80% of the Area Median Income Level (AMI).
- Must currently be on a rental lease, which includes:
 - Written and Verbal Leases;

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- Hotel room rental that is a primary residence;
- Rent to own agreement, under which the renter has the option or obligation to purchase the property, is not a party to the mortgage, and has not executed the purchase option; and
- Land lease for a manufactured home
- Applicant must not be a recipient of other federally subsidized rent programs (such as Section 8 or Project-Based Voucher assistance).
- The rent must have been current as of March 31, 2020.
- Must read and agree to full Terms & Conditions that are outlined prior to submission of the application.

Utility Assistance

- Address on the utility bills must match applicant's address.
- Utilities must be past due or at risk of being disconnected.

Required Documentation – Rental Assistance

If you are requesting assistance under this program, please provide the following documentation:

- Proof of Identity (one of the following):
 - A copy of your Government Photo ID;
 - Permanent Resident Card;
 - Passport or;
 - Birth certificate
- Current lease or pages of current lease showing address of home, amount of lease rent, term of lease or if lease is on a month-to-month basis. Must include signature of applicant and landlord.
- Proof that one or more members of the of the applicant's household either (i) qualified for unemployment benefits or (ii) experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.
 - If the applicant is applying based on section (i) for this determination, the applicant must either provide a written attestation signed by the applicant or other relevant documentation regarding the household member's qualification for unemployment benefits.

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- If the applicant is applying based on section (ii) for this determination, Federal guidance requires the applicant to provide a written attestation signed by the applicant that one or more members of the household meets this condition.
- Proof that one or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability, which may include
 - A past due utility or rent notice or eviction notice,
 - Written attestation of unsafe or unhealthy living conditions, or
 - Written attestation or other evidence of risk.
- Proof of Income including written attestation of income and also documentation available such as:
 - Forms W2
 - Form 1099
 - Bank Statements
 - Pay stubs noting decrease of hours or wages;
 - Letter from employer that notes decrease of hours or wages;
 - State of New Mexico unemployment benefits document.

If you are not currently working and have no income or support, please complete the Zero Income Certification form. The Zero Income Certification Form is for purposes of eligibility income compliance and must be used for household members who receive or earn no income.

In order to receive rental assistance, your landlord will be required to submit a separate application, which will be provided by Bernalillo County. Landlords will also be required to supply the documentation noted below.

Required Landlord Documents:

- Invoice with past due amount(s)
- Proof of Ownership
 - Bernalillo County Property Tax Bill
- Bernalillo County Master Vendor Form
- W9

Landlords must submit their W9, Vendor Master Form, and Proof of Ownership such as tax documentation to Bernalillo County Economic Development or the application will be considered incomplete.

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The landlord must attest to releasing the lessee of any remaining obligation for any past due or current rent payment for which Bernalillo County pays the landlord. The landlord also commits to not seek eviction for nonpayment tenants for at least three (3) months after the date when eviction moratoriums have expired, and evictions may otherwise legally proceed; this commitment applies even if the lease has expired and/or is up for renewal, or if the rental term is currently in a month-to-month status.

Required Documentation – Utility Assistance

If you are requesting utility payment assistance, in addition to the information requested in the “Requesting Assistance” section above, please provide documentation showing the need for utility assistance, such as:

- Past due Utility Bill
- Disconnect Notice

Incomplete applications and failure to provide required information and/or documents could result in denial.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from Neighborly Software or from EMAIL.

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A. Eligibility

The following questions will help determine whether your household meets basic eligibility for the Bernalillo Emergency Rental Assistance program.

A.1. Is your household income at or below the 80% area median income level?

☐ Yes ☐ No

Household Size	1	2	3	4	5	6	7	8
Income	\$24,200.00	\$27,650.00	\$31,100.00	\$34,550.00	\$37,350.00	\$40,100.00	\$42,850.00	\$45,650.00

A.2. Are you delinquent on your rent and/or utility payments or know you won't be able to pay next month's rent? NOTE: Funds for this Emergency Rental Assistance program do not include Mortgage Relief assistance.

☐ Yes ☐ No

A.3 Are you a resident of Bernalillo County and live outside of both Tribal Lands, and the boundaries of the City of Albuquerque?

☐ Yes ☐ No

A.4. Have you qualified for unemployment benefits OR Do you have proof that you have experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due directly to the coronavirus outbreak that can be documented?

☐ Yes ☐ No

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IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, YOU MAY NOT BE ELIGIBLE FOR EMERGENCY RENTAL ASSISTANCE. YOU CAN CONTINUE THE APPLICATION, AND WE WILL NOTIFY YOU OF YOUR ELIGIBILITY BASED ON YOUR COMPLETED APPLICATION.

B. Applicant Information

Please provide the following information.

Please provide the following information.

PRIMARY APPLICANT

CO-APPLICANT (IF APPLICABLE)

B.1. Applicant First Name:

B.8 Co-Applicant First Name

B.2. Applicant Last Name

B.9 Co-Applicant Last Name

B.3. Home Address

B.10 Home Address

B.4. Mailing Address

B.11 Telephone Number

B.5. Telephone Number

B.12 E-Mail

B.6. E-Mail

B.7 Is any household member currently receiving unemployment compensation for at least 90 days?

C. Household Members

PRIMARY HOUSEHOLD MEMBER

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First Name:

Middle Name:

Last Name:

Birthdate:

EMPLOYMENT

☐ Check here if not employed

Employment History

Employer 1:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

Employer 2:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other; non-relation member

Race

- ☐ Multi-Racial
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Refuse to Answer

Ethnicity

- ☐ Hispanic or Latino

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- ☐ Non Hispanic or Latino
- ☐ Refuse to Answer

Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming
- ☐ Trans Male (Female to Male)
- ☐ Trans Female (Male to Female)

Additional HOUSEHOLD MEMBER(S)

First Name:

Middle Name:

Last Name:

Birthdate:

EMPLOYMENT

- ☐ Check here if not employed

Employment History

Employer 1:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

Employer 2:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

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Race

- ☐ Multi-Racial
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Refuse to Answer

Ethnicity

- ☐ Hispanic or Latino
- ☐ Non Hispanic or Latino
- ☐ Refuse to Answer

Gender

- ☐ Male
- ☐ Female
- ☐ Gender Non-Conforming
- ☐ Trans Male (Female to Male)
- ☐ Trans Female (Male to Female)

Additional HOUSEHOLD MEMBER(S)

First Name:

Middle Name:

Last Name:

Birthdate:

EMPLOYMENT

- ☐ Check here if not employed

Employment History

Employer 1:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

Phone:

Employer 2:

Start Date:

Address 1:

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Address 2:

City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

- ☐ Self
- ☐ Head of household's child
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Additional HOUSEHOLD MEMBER(S)

First Name:

Middle Name:

Last Name:

Birthdate:

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EMPLOYMENT

☐ Check here if not employed

Employment History

Employer 1:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

Employer 2:

Start Date:

Phone:

Address 1:

Address 2:

City, State, Zip

DEMOGRAPHICS

Relationship to Head of Household

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other; non-relation member

Race

- ☐ Multi-Racial
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Refuse to Answer

Ethnicity

- ☐ Hispanic or Latino
- ☐ Non Hispanic or Latino
- ☐ Refuse to Answer

Gender

- ☐ Male

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- ☐ Female
- ☐ Gender Non-Conforming
- ☐ Trans Male (Female to Male)
- ☐ Trans Female (Male to Female)

Documentation

- ☐ **Attach valid Photo ID for all adult household members (18 years of age or older) *Required**

D. Household Income Verification

You have two options for reporting/entering your household income. The two options are outlined below and you can select one of the options and follow the instructions for that option.

Option 1: Enter the "adjusted gross income" from your 2020 tax return filed with the IRS and attach the first four pages of the tax return.

OR

Option 2: Enter income information for every household member for each type of income following the instructions below. Note: You will need to upload supporting documents for each type of income for each family member.

Follow the instructions below to add **at least one source of income for each household member**. If a household member has **zero** income, then add "Zero Income" as an income source from the menu. If you are not currently working and have no income or support, please complete the **Zero Income Certification form**. The Zero Income Certification Form is for purposes of eligibility income compliance and must be used for household members who receive or earn no income.

☐ I will certify my household annual income by using my 2020 Federal Income Tax Return (upload required)

☐ I DO NOT have my 2020 Federal Income Tax Return and will certify my household annual income by documenting each household members income source(s) below:

HOUSEHOLD MEMBER

First & Last Name:

Age:

Total Income:

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Income Source:

- ☐ Alimony
- ☐ Child Support
- ☐ Gross Pay
- ☐ Investment Income
- ☐ No Income
- ☐ Other
- ☐ Pension
- ☐ Retirement
- ☐ Social Security
- ☐ Unemployment Comp

Additional Information:

Annual Income:

Failure to include **ALL** income information for **every household member** may prevent assistance from being provided OR you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted.

E. COVID-19 Impact

Has the leaseholder or other members of the leaseholder household lost income due to the COVID-19 pandemic?

- ☐ Yes
- ☐ No

E.2. Please check each condition that applies to the leaseholder or other members of leaseholder household who have lost income due to the COVID-19 pandemic (check all that apply):

- ☐ Have been laid off temporarily or permanently
- ☐ Have had work hours reduced
- ☐ Were about to start a new job but could not, or were terminated from a new job before establishing sufficient work history to be eligible for regular benefits.
- ☐ Are self-employed, and their business is no longer supplying them with income or such income has been reduced.

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- ☐ Are independent contractors or gig workers who have not been able to earn fees, or whose fees have been reduced.
- ☐ Have become sick themselves or have been advised by a governmental or medical professional to self quarantine.
- ☐ Have had to leave a job or reduce hours in order to care for a person who is sick.
- ☐ Have had to leave a job or reduce hours to care for dependents whose ordinary situations (such as school or daycare) have been disrupted.
- ☐ Have reasonable concern over the risk of infection at work, for themselves or someone in their household. (Examples include individuals who themselves or live with someone who is elderly, have underlying conditions that render them more vulnerable, or are immunocompromised).
- ☐ I had an unexpected COVID related medical or funeral expense
- ☐ Have other conditions resulting in loss of income due to the COVID-19 pandemic. (Please describe below).

If you selected "Other," please describe the situation below:

Please provide a short description of your COVID-19 Income Loss:

Supporting documentation

- ☐ Please attach COVID-19 Loss of income documentation such as letter from employer, description of loss of self-employment income, letter showing reduction in hours.

F. Assistance Request

Fill out the amount that you are requesting for each month of housing payments that you require assistance for due to your household's COVID-19 impact. For instance, if you require assistance for \$1,000 of rent missed in November 2020, but only \$500 of rent missed in December 2020, then you would fill out \$1,000 in November 2020 and \$500 in December 2020. Rental payments will be processed with all past due rent plus 3 future months.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

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RENTAL ASSISTANCE REQUESTED

Are you requesting rent assistance?

☐ Yes ☐ No

If you are requesting rent assistance, you must attach your rental agreement. If you do not have a written lease, please complete the Certification of Verbal Lease form.

☐ Most Recent Rent Statement (Must show name, address, and rental amount due)

***Required**

☐ Rental Agreement / Documentation that Shows Rental Arrangement ***Required**

Has your household received an eviction notice from your landlord?

☐ Yes ☐ No

If Yes, you must attach the eviction notice.

☐ Eviction Notice

LANDLORD INFORMATION

F.6. Landlord/Entity Name:

F.7. Landlord Phone Number:

F.8. Landlord Email:

F.9. Landlord Address:

RENT REQUEST BY MONTH

March 2020: _____

April 2020: _____

May 2020: _____

June 2020: _____

July 2020: _____

August 2020: _____

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September 2020: _____

October 2020: _____

November 2020: _____

December 2020: _____

January 2021: _____

February 2021: _____

March 2021: _____

April 2021: _____

May 2021: _____

June 2021: _____

July 2021: _____

August 2021: _____

September 2021: _____

October 2021: _____

November 2021: _____

December 2021: _____

Total Late Fees/Penalties:

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G. Water/Sewer, Gas/Propane & Electric Utility Assistance

If applicable, please provide the following information for past due and current bills only.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

WATER/SEWER ASSISTANCE REQUESTED

**Are you requesting
Water/Sewer Utility
Assistance?**

☐ Yes ☐ No

Water Company:

Account Number

GAS/PROPANE ASSISTANCE REQUESTED

**Are you requesting
Gas/Propane assistance?**

☐ Yes ☐ No

Gas/Propane Company:

Account Number

ELECTRIC ASSISTANCE REQUESTED

**Are you requesting electric
utility assistance?**

☐ Yes ☐ No

Electric Company:

Account Number

UTILITY REQUESTS BY MONTH:

Water Assistance Request

March 2020

April 2020

May 2020

June 2020

Gas Assistance Request

March 2020

April 2020

May 2020

June 2020

Electric Assistance Request

March 2020

April 2020

May 2020

June 2020

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July 2020	July 2020	July 2020
August 2020	August 2020	August 2020
September 2020	September 2020	September 2020
October 2020	October 2020	October 2020
November 2020	November 2020	November 2020
December 2020	December 2020	December 2020
January 2021	January 2021	January 2021
February 2021	February 2021	February 2021
March 2021	March 2021	March 2021
April 2021	April 2021	April 2021
May 2021	May 2021	May 2021
June 2021	June 2021	June 2021
July 2021	July 2021	July 2021
August 2021	August 2021	August 2021
September 2021	September 2021	September 2021
October 2021	October 2021	October 2021
November 2021	November 2021	November 2021

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Water/Sewer Late Fees:

Total Gas/Propane Late Fees:

Electric Late Fees:

Total Water/Sewer Request:

Total Gas/Propane Request:

Total Electric Request:

If you are requesting water/sewer assistance, you must attach your most recent water/sewer utility statement.

☐

Water/Sewer Utility Statement ***Required**

If you are requesting gas/propane assistance, you must attach your most recent gas/propane utility statement.

☐

Gas/Propane Utility Statement ***Required**

If you are requesting electric assistance, you must attach your most recent electric utility statement.

☐

Electric Utility Statement ***Required**

H. Internet and Trash Service Assistance Request

If applicable, please provide the following information for past due and current bills only.

Applicants may request additional funds for future rent payments and past due or current utility payments for 3 months at a time per Federal Guidelines, Recertification and proof of eligibility is required.

INTERNET SERVICE ASSISTANCE REQUESTED

TRASH SERVICE ASSISTANCE REQUESTED

Are you requesting internet assistance?

☐ Yes ☐ No

Are you requesting trash assistance?

☐ Yes ☐ No

Internet Service Provider:

Trash/Waste Service Provider:

If Other, enter Internet Service Provider Name:

If Other, enter Trash/Waste Service Provider Name:

Internet Service Provider Account Number:

Trash/Waste Service Provider Account Number:

Internet service request by month:

Trash service request by month:

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March 2020

March 2020

April 2020

April 2020

May 2020

May 2020

June 2020

June 2020

July 2020

July 2020

August 2020

August 2020

September 2020

September 2020

October 2020

October 2020

November 2020

November 2020

December 2020

December 2020

January 2021

January 2021

February 2021

February 2021

March 2021

March 2021

April 2021

April 2021

May 2021

May 2021

BernCo Relief of Emergency Needs for Tenants Assistance Program (RENT) Program

June 2021

June 2021

July 2021

July 2021

August 2021

August 2021

September 2021

September 2021

October 2021

October 2021

November 2021

November 2021

Late Internet Fees:

Late Trash Fees:

Total Internet Service Request:

Total Trash Service Request:

If you are requesting internet service provider assistance, you must attach your most recent internet service provider statement.

☐

Internet Service Provider Statement

***Required**

If you are requesting trash/waste assistance, you must attach your most recent trash/waste service provider statement.

☐

Trash/Waste Utility Statement ***Required**

I. Prior Assistance Received

Assistance provided under the Emergency Rental Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, Owner Preservation Program, non-profit organizations, faith-based organizations, or friends and family.

PRIOR HOUSING ASSISTANCE RECEIVED

Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) **FOR THE MONTHS YOU ARE APPLYING TO ERA FOR?** If yes, proceed with this section. If no, you do not have to complete nor submit this section of the application. If you are answering No, you are certifying that you have completed the Section I that you have not received prior assistance received.

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List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) **FOR ONLY THE MONTHS YOUR ARE APPLYING TO EHAP.**

March 2020

March Assistance Source

April 2020

April Assistance Source

May 2020

May Assistance Source

June 2020

June Assistance Source

July 2020

July Assistance Source

August 2020

August Assistance Source

September 2020

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September Assistance Source

October 2020

October Assistance Source

November 2020

November Assistance Source

December 2020

December Assistance Source

January 2021

January Assistance Source

February 2021

February Assistance Source

March 2021

March Assistance Source

April 2021

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April Assistance Source

May 2021

May Assistance Source

June 2021

June Assistance Source

July 2021

July Assistance Source

August 2021

August Assistance Source

September 2021

September Assistance Source

October 2021

October Assistance Source

November 2021

November Assistance Source

Attach Document(s) About Housing Assistance

☐

Award Letters/Checks for Housing Assistance

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Submit

I hereby certify that I am not able to pay my full rent due to a reduction in income resulting from my employer or source of income reducing my work hours, laying off staff, making a reduction in the business's workforce, or other actions due to COVID-19.

☐ Yes ☐ No

I certify that I currently DO NOT receive government assistance to help pay my rent. (examples: Housing Choice Voucher program (Section 8), VASH, FUP, Mainstream, Project-based Section 8, HOME-TBRA, Continuum of Care, Public Housing). If you are answering No, you are certifying that you have completed the section I and that you have not received prior rental assistance.

☐ Yes ☐ No

I understand that I am applying for Emergency Rental and Utility Assistance from Bernalillo County. I certify to Bernalillo County that I am qualified to receive BernCo RENT Assistance Program funds and I understand the guidelines for the program. I further understand that Bernalillo County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the program.

☐ Yes ☐ No

I understand the information provided above is collected to determine if I am eligible to receive assistance under the BernCo RENT Assistance Program for the COVID-19 public health emergency

☐ Yes ☐ No

I hereby certify that the current physical address listed in my application is my primary residence.

☐ Yes ☐ No

I hereby certify that all the information provided herein is true and correct.

☐ Yes ☐ No

I understand that providing false statements or information is grounds for denial and is punishable under federal law.

☐ Yes ☐ No

I authorize the above-referenced Bernalillo County and any of its duly authorized representatives to verify all information provided in this application.

☐ Yes ☐ No

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Please read and certify the following information. The application, including attachments, is subject to disclosure under New Mexico's public records law, subject to limited applicable exemptions. The landlord acknowledges, understands, and agrees that, except as noted below, all information and attachments will be disclosed without notice to applicant if a public records request is made for such information. The County will not be liable to applicant for such disclosure.

Social Security/TIN numbers are collected, maintained and reported by the County in compliance with IRS 1099 reporting requirements and are not considered public records pursuant to N.M. Stat. Ann. §14-3-7.1.

☐ I certify that the information provided in this application is true and accurate to the best of my ability, and no false or misleading statements have been made in order to secure approval of this application. I certify that I will notify Bernalillo County at six months and one year of receiving funds to certify my residential address. Bernalillo County is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein. Bernalillo County or its agent shall be entitled to access and audit such records as may be necessary to prevent fraud and ensure compliance with federal requirements. Under penalty of perjury, I declare that I have read the foregoing application and that the facts stated in the application are true and correct. I understand that knowingly making a false written declaration is a felony.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date